


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # 235964	
1. Entity Name FOREST IMPROVEMENT COMPANY, INC.	

Principal Place of Business 206 SE 41ST AVENUE OCALA, FL 34471 US	Mailing Address 206 SE 41ST AVENUE OCALA, FL 34471 US
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DO NOT WRITE IN THIS SPACE



04022604 No Chg-P CR2E034 (10/03)

4. FEI Number 59-6064752	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MIDDLETON, JAMES F 206 S E 41ST AVENUE OCALA, FL 34471	
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**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1100000121876 04/21/04-80087-001 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MIDDLETON, JAMES F 206 S E 41ST AVENUE OCALA, FL 00000, 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MIDDLETON, ANN H 206 S E 41ST AVENUE OCALA, FL 00000, 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNOBLOCK, NANCY G. 2310 SE 12TH STREET OCALA, FL 00000, 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 	APRIL 19 2004 (352) 694-4281
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>

JAMES F. MIDDLETON